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TRANSMITTAL
FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number
10/558,351Filing Date
11/23/2006First Named Inventor
Giorgio E. Cunadini

Art Unit

Examiner Name

Attorney Docket Number
BONNP18

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	IP Strategies Thomas M. Champagne
Signature	
Date	03/27/2006

CERTIFICATE OF TRANSMISSION/MAILING

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE MAR 27 2006

Application No.	Filing Date	First Named Inventor	Atty. Docket No.	Confirmation No.
10/558,351	11/23/2005	Giorgio E. Curradini	BONNP18	
Invention		Examiner	Art Unit	
Femoral Stem for Hip Prosthesis				

STATUS REQUEST

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please let us know the status of the above-identified application and when a notification of missing requirements can be expected.

Respectfully submitted,



Thomas M. Champagne
Registration No. 36,478
IP STRATEGIES
12 ½ Wall Street
Suite I
Asheville, North Carolina 28801
828.253.8600
828.253.8620 fax

TMC:hlp